



Town of Ashburnham
Office of the Building Commissioner

FORM OF INTENT FOR BUSINESS OR USE

(Please Print Clearly)

Please Provide the Following Information:			
Name of Applicant			
Name of Owner (if different)			
Name of Business			
Location of Business or Use Requested			
Type of Business or Use			
Mailing Address			
Phone Number / Email	Email:		
Zoning District	Lot Size	Map	Parcel

Please give a brief explanation about your business or use: (If you require more space for explanation, please attach additional pages)

Check boxes below indicating that the following documentation has been included with this application:

- ☐ Floor plan of how the business or use is going to be set up within the principal structure
- ☐ Certified plot plan showing adequate off street parking and setbacks to property lines

Yes No

- ☐ ☐ Board of Selectmen Approval (if required)
- ☐ Liquor License
- ☐ Common Victualler
- ☐ Class II Used Car License
- ☐ Class III Junk License
- ☐ Class IV Repairman's License
- ☐ Coin Operated Machine License

Town Administrator Signature

Written opinion from Zoning Enforcement Officer:

☐ Allowed per Ashburnham Zoning Bylaw, Section _____

☐ Other action required by Zoning Board of Appeals

☐ Variance

☐ Special Permit

☐ Finding

Per Section _____

Zoning Enforcement Officer Signature

Tax Collector verification no taxes due:

Tax Collector

Date

Applicant's Signature	Date	Owner's Signature*	Date
I certify that the information contained herein is true and accurate to the best of my knowledge; the above signed owner(s) grant the Board and its agents permission to enter the property to review this application: I understand all documents will be entered into the public record; I understand that if neighboring issues have not been addressed/resolved prior to the hearing, the Board will continue the hearing			

*Owner's signature or letter from owner authorizing applicant/representative to sign on behalf of owner.